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62618

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 068	Agency Case No. B5-091990	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT 10/03/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 0208	STATE USE ONLY	
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	POLICE NOTIFIED 0209		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/04/2015	
B 55	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 17th Street	ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO		LATITUDE		
C 4	DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY K Street		IF NOT AT INTERSECTION FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO. Y134193003	STATE (Of License) MO		SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE		
V1/N 7	DRIVER Kelly M Kelton	PHONE 660-491-1612		LOCAL NO.		
V2/N 2	DRIVER ADDRESS 303 E Nodaway, Oregon, MO 64473	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 07/08/1995	LOCAL NO.	
G 4	OWNER Kelly M Kelton	PHONE 660-491-1612		LOCAL NO.		
H 5	OWNER ADDRESS 303 E Nodaway, Oregon, MO 64473	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB491108	
V1/O 3	LICENSE PLATE PA NO. KK9X2A	YEAR (Plate Expires) 2016		STATE (Of Plate) MO		
V2/O 4	VEHICLE 2005 Buick Lesabre	BODY STYLE 4 door Sedan		COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 3000	
I 1	VEHICLE ID NO. (VIN) 1G4HP52K55U183207	INSURANCE COMPANY Unknown		POLICY NO. Unknown		
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO. H13347066	STATE (Of License) NE		SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE		
V1/P 6	DRIVER ROBERT MICHAEL L BRANNON	PHONE 4025703835		LOCAL NO.		
V2/P 1	DRIVER ADDRESS 640 Capital Ave #53, Lincoln, NE 68508	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 07/20/1989	LOCAL NO.	
J 01	OWNER EAN Holdings LLC	PHONE 918-401-6000		LOCAL NO.		
V1/Q 1	OWNER ADDRESS 6929 N Lakewood Ave, Tulsa, OK 74117	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB486158	
V2/Q 1	LICENSE PLATE PA NO. DCQ1382	YEAR (Plate Expires) 2016		STATE (Of Plate) MI		
K 02	VEHICLE 2015 Chevrolet Malibu	BODY STYLE 4 door Sedan		COLOR dark blue	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	
	VEHICLE ID NO. (VIN) 1G11D5SL1FF164806	INSURANCE COMPANY Self Insured		POLICY NO. Self		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 2	NAME Sidney N Jackson	ADDRESS 2444 E Street #6, Lincoln, NE 68508		DATE OF BIRTH (MM / DD / YYYY) 05/11/1991	1 Seat Position 03	2 Eject 1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region 08	4 Injury Sev. 4
					5 Trans. 4	SEX M
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-091990

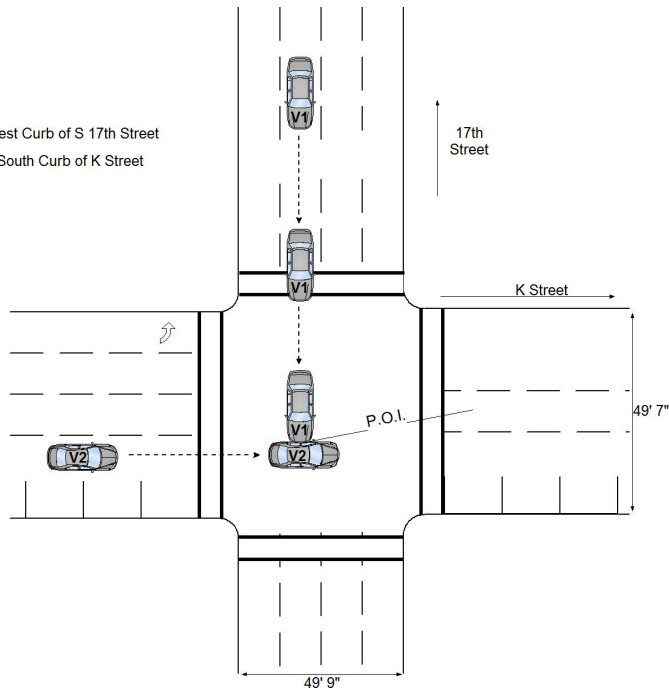


Indicate
North
by Arrow



Point of Impact

- 14' 1" East of West Curb of S 17th Street
- 15' 11" North of South Curb of K Street



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reported he was operating V2 EB on K Street approaching S 17th Street in the far South, EB lane. D2 stated he had a green traffic light to proceed through S 17th Street. D2 stated that is when V1, traveling the wrong way on S 17th Street, collided with V2. D1 reported he was operating V1 SB on S 17th Street, wrong way, approaching K Street. D1 stated he was in the middle lane when V2 and V1 collided. D1 admitted he was under the age of 21 and had been consuming alcohol at a local bar. V1 was traveling at an estimated speed of 30 mph at the time of impact. D1 cited and released for DUI, MIP, Negligent Driving, and Failure to use Seat Belt. D2 was cited and released for DUS.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/ DRUGS SUSPECTED					
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2		1		2		Driver No. 1		Driver No. 2				
1		X			S 17th Street				4		1		Y		X				
2			X		K Street								N		X				
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	07	1		2		N		X				
2	01	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	11	2		2		2		1				
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right			
06 Leaving traffic lane				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked			
11 Slowing or stopped in traffic				12 Other				13 Unknown				14 None				15 Top & windows			
16 Undercarriage				17 Total (all areas)				18 Other				19 None				20 Deployed - front			
21 Deployed - side				22 Deployed - both front/side				23 Not deployed				24 Not applicable/ No airbag available				25 Unknown			
26 None				27 Child safety seat used				28 Child booster seat used				29 DOT approved helmet used				30 Costume helmet used			
31 Restraint use unknown				32 None used - vehicle occupant				33 Lap & shoulder belt used				34 Shoulder belt only used				35 Lap belt only used			
36 Lap & shoulder belt used				37 Child safety seat used				38 Child booster seat used				39 DOT approved helmet used				40 Costume helmet used			
41 Restraint use unknown				42 None used - vehicle occupant				43 Lap & shoulder belt used				44 Shoulder belt only used				45 Lap belt only used			
46 Lap & shoulder belt used				47 Child safety seat used				48 Child booster seat used				49 DOT approved helmet used				50 Costume helmet used			
51 Restraint use unknown				52 None used - vehicle occupant				53 Lap & shoulder belt used				54 Shoulder belt only used				55 Lap belt only used			
56 Lap & shoulder belt used				57 Child safety seat used				58 Child booster seat used				59 DOT approved helmet used				60 Costume helmet used			
61 Restraint use unknown				62 None used - vehicle occupant				63 Lap & shoulder belt used				64 Shoulder belt only used				65 Lap belt only used			
66 Lap & shoulder belt used				67 Child safety seat used				68 Child booster seat used				69 DOT approved helmet used				70 Costume helmet used			
71 Restraint use unknown				72 None used - vehicle occupant				73 Lap & shoulder belt used				74 Shoulder belt only used				75 Lap belt only used			
76 Lap & shoulder belt used				77 Child safety seat used				78 Child booster seat used				79 DOT approved helmet used				80 Costume helmet used			
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141 Restraint use unknown				142 None used - vehicle occupant				143 Lap & shoulder belt used				144 Shoulder belt only used				145 Lap belt only used			
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